

TAB A

Thomas & Solomon LLP
THE EMPLOYMENT ATTORNEYS

Re: New York City Health Care Investigations

Dear

You may be owed back wages from your employer for situations including when you worked during your meal break. Please complete the enclosed forms and return them to our office in the postage paid envelope to participate in the investigation.

Our investigation has revealed that many hourly employees in the health care industry are not paid for all the hours they work, especially during their meal periods.

Some of the health care employers that we are investigating in New York City include, but are not limited to:

- New York Presbyterian Healthcare System
- New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center)
- Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital)
- North Shore-Long Island Jewish Health System
- Long Island Health Network and Catholic Health Services of Long Island
- MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital Medical Center & Brookdale University Hospital and Medical Center)
- Montefiore Medical Center
- Mount Sinai Hospital
- NYU Medical Center
- Memorial Sloan-Kettering Cancer Center
- Maimonides Medical Center
- Bronx-Lebanon Hospital Center
- Westchester Medical Center
- Lenox Hill Hospital

It is critical that you read the enclosed Fact Sheet in its entirety and visit www.hospitalvertime.com for important information about our legal team's investigations and class action lawsuits.

Please feel free to contact me at our toll free number, 1-877-272-4066 with any questions or concerns regarding the investigation.

Very truly yours,



J. Nelson Thomas

ATTORNEY ADVERTISING

Prior results do not guarantee a similar outcome.

We obtained your name from publically available information directories of nursing licenses and self-reported information.

693 East Avenue, Rochester, New York 14607
www.theemploymentattorneys.com

INFORMATION SHEET

Please keep us informed of any changes to your contact information

Thomas & Solomon LLP
THE EMPLOYMENT ATTORNEYS

(PLEASE FILL OUT COMPLETELY)

Name _____
First Name Last Name

Address _____

City _____ State _____ Zip Code _____

Social Security Number ☒ ☒ ☒ - ☒ ☒ - ☐ ☐ ☐ ☐ ☐ ☐

Home Phone (____) - ____ - ____

Cell Phone (____) - ____ - ____

E-Mail Address _____

Any personal identification information that you provide to us will be treated confidentially and will only be used to protect your interests and the class members in this lawsuit or investigation.

I am/was employed by the following health care systems:

New York Presbyterian Healthcare System

☐ _____
Start Date End Date

New York City Health and Hospitals Corporation (Including Bellevue Hospital Center, Kings County Hospital Center & Elmhurst Hospital Center)

☐ _____
Start Date End Date

North Shore-Long Island Jewish Health System

☐ _____
Start Date End Date

Continuum Health Partners (Including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital)

☐ _____
Start Date End Date

Long Island Health Network & Catholic Health Services of Long Island

☐ _____
Start Date End Date

MediSys Health Network, Inc. (Including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center)

☐ _____
Start Date End Date

Montefiore Medical Center

☐ _____
Start Date End DateOther: _____
Name of Health Care Institution — City/State☐ _____
Start Date End Date

Mount Sinai Hospital

☐ _____
Start Date End Date

NYU Medical Center

☐ _____
Start Date End Date

Memorial Sloan-Kettering Cancer Center

☐ _____
Start Date End Date

Maimonides Medical Center

☐ _____
Start Date End Date

Bronx-Lebanon Hospital Center

☐ _____
Start Date End Date

Westchester Medical Center

☐ _____
Start Date End Date

Lenox Hill Hospital

☐ _____
Start Date End DateOther: _____
Name of Health Care Institution — City/State☐ _____
Start Date End Date

I authorize Thomas & Solomon LLP to file my Consent Form with the court if a lawsuit is commenced against any of the above referenced employers or entities related to such employers.

Signature _____

Print Full Legal Name _____

Please note that our representation of you will start only if we file a lawsuit and we submit your Consent Form in court seeking payment of unpaid wages, and other claims arising out of wage and hour law.

PLEASE RETURN TO

Hospital Overtime Class Action Lawsuits & Investigations
Thomas & Solomon LLP
693 East Avenue
Rochester, New York 14607If you have any additional questions, feel free to contact the law firm above at
www.hospitalovertime.com (Website) info@hospitalovertime.com (e-mail)
1.877.272.4066 (telephone M-F 8:30A-5:30P ET) 877.272.4088 (facsimile)

CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

(PLEASE CHECK ALL THAT APPLY)

- ☐ I am/was employed by New York Presbyterian Healthcare System.
- ☐ I am/was employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☐ I am/was employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☐ I am/was employed by North Shore-Long Island Jewish Health System.
- ☐ I am/was employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☐ I am/was employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☐ I am/was employed by Montefiore Medical Center.
- ☐ I am/was employed by Mount Sinai Hospital.
- ☐ I am/was employed by NYU Medical Center.
- ☐ I am/was employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/was employed by Maimonides Medical Center.
- ☐ I am/was employed by Bronx-Lebanon Hospital Center.
- ☐ I am/was employed by Westchester Medical Center.
- ☐ I am/was employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

Signature

Print Full Legal Name

Consent to Opt-In 910001